



Bryant University Faculty/Staff COVID-19 Vaccine Exemption Request Forms Due on or before August 10, 2021

Information provided on this form will be kept confidential

Section 1: To be completed by employee for Medical, Religious or Other Exemption

Last Name	First Name	Middle Initial	Bryant Email	EE ID #

Medical Exemption Request, complete before submitting (to be completed by employees's medical provider)

Medical Provider Certification of Contraindication: I certify that my patient (named above) should not be vaccinated against COVID-19 because they have one of the following contraindications as outlined by the [CDC](#).

Documented anaphylactic allergic reaction or other severe adverse reaction to any COVID-19 vaccine – e.g., cardiovascular changes, respiratory distress, or history of treatment with epinephrine or other emergency medical attention to control symptoms. Generally, does not include gastro-intestinal symptoms as the sole presentation of allergy. Describe the specific reaction:

Documented allergy to a component of the Covid 19 vaccine – does not include sore arm, local reaction or subsequent respiratory tract infection. Please explain:

Other documented contraindication (i.e. medical condition, etc.). Please explain:

Please document if patient is able to receive other Covid vaccines without allergy components of concern:

Employee's Medical Provider Information

Signature of Healthcare Provider:	
Name (print):	Clinic Stamp:
Address:	Phone:

Religious Beliefs Exemption Request - complete before submitting

If the sincere religious beliefs of an employee are contrary to the immunization requirement for a COVID-19 vaccine, the employee may request an exemption from the requirement upon submitting a written statement below explaining the sincere religious beliefs, opposition to the immunization requirement, and attesting that they have discussed their decision with their clergy/spiritual advisor:

Name of Clergy/Spiritual Advisor:

Phone#:

Employee Statement:

Other Exemption Request - complete before submitting

If an employee has other concerns that are contrary to the immunization requirement for a COVID-19 vaccine, the employee may request an exemption from the requirement upon submitting a written statement below explaining other opposition to the immunization requirement, not medical or religious:

Employee Statement

Section 2: FOR ALL REQUESTS: You attest to understanding the risks of not receiving the Covid vaccine and accept your responsibility to follow University safety guidelines for non-vaccinated employees. Please complete fully before submitting.

_____ Initials	I understand the benefits and the risks of the Covid 19 vaccine.
_____ Initials	I understand the risk of contracting the disease that the Covid 19 vaccine prevents.
_____ Initials	I understand the risk of transmitting the virus to others and that if granted an exemption, I agree to follow all Covid Prevention testing, masking and distancing policies established by the University for the protection of myself and others.
_____ Initials	I understand that if an outbreak of vaccine-preventable disease should occur, an employee with a vaccine exemption may be excluded from campus and/or University activities for a period of time as determined by the University, after guidance from the RI Department of Health, based on a case-by-case analysis of public health risk.

Employee Signature: _____

Date:

Once completed, or by August 10, 2021, employees must submit the form to hr_private@bryant.edu. For questions, contact Human Resources at 401-232-6010 or hr_private@bryant.edu.

June 2021

Employees will be notified of exemption approval status within 10 business days of submission.